

POSITION	INITIALS	ID NO.	DATE
	<i>HS</i>		<i>04/28/10</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>8</i>	<i>5-2-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>TAP</i>	<i>1110</i>	<i>5-29-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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Best Available Copy

If more than 150 claims or 10 actions  
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